

# SENATE AMENDMENTS

2<sup>nd</sup> Printing

By: Lucio III

H.B. No. 1669

A BILL TO BE ENTITLED

AN ACT

relating to a comprehensive plan for increasing and improving the workforce in this state that serves persons with mental health and substance use issues.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.02253 to read as follows:

Sec. 531.02253. COMPREHENSIVE WORKFORCE PLAN FOR MENTAL HEALTH AND SUBSTANCE USE. (a) The commission shall develop and implement a comprehensive plan to increase and improve the workforce in this state to serve persons with mental health and substance use issues. In developing the plan, the commission shall analyze and consider available studies, reports, and recommendations regarding that segment of the workforce in this state or elsewhere.

(b) The plan must include:

(1) a strategy and timeline for implementing the plan, including short-term, medium-term, and long-term goals;

(2) a system for monitoring the implementation of the plan; and

(3) a method for evaluating the outcomes of the plan.

SECTION 2. Not later than September 1, 2020, the Health and Human Services Commission shall develop and begin implementing the plan required under Section 531.02253, Government Code, as added by

1 this Act.

2 SECTION 3. This Act takes effect September 1, 2019.

ADOPTED

MAY 22 2019

*Hetty Gaud*  
Secretary of the Senate

By: Lucio III / Lucio

\_\_\_\_.B. No. \_\_\_\_

Substitute the following for \_\_\_\_B. No. \_\_\_\_:

By: *Charles Perry*

C.S. H.B. No. 1669

A BILL TO BE ENTITLED

AN ACT

1  
2 relating to increasing and improving the mental health and  
3 substance use disorder workforce in this state and increasing the  
4 capacity of local mental health authorities to provide access to  
5 mental health services in certain counties.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

7 SECTION 1. Subchapter B, Chapter 531, Government Code, is  
8 amended by adding Sections 531.0221 and 531.02253 to read as  
9 follows:

10 Sec. 531.0221. INITIATIVE TO INCREASE MENTAL HEALTH  
11 SERVICES CAPACITY IN RURAL AREAS. (a) In this section, "local  
12 mental health authority group" means a group of local mental health  
13 authorities established under Subsection (b)(2).

14 (b) Not later than January 1, 2020, the commission, using  
15 existing resources, shall:

16 (1) identify each local mental health authority that  
17 is located in a county with a population of 250,000 or less or that  
18 the commission determines provides services predominantly in a  
19 county with a population of 250,000 or less;

20 (2) in a manner that the commission determines will  
21 best achieve the reductions described by Subsection (d), assign the  
22 authorities identified under Subdivision (1) to regional groups of  
23 at least two authorities; and

24 (3) notify each authority identified under

1 Subdivision (1):

2 (A) that the commission has identified the  
3 authority under that subdivision; and

4 (B) which local mental health authority group the  
5 commission assigned the authority to under Subdivision (2).

6 (c) The commission, using existing resources, shall develop  
7 a mental health services development plan for each local mental  
8 health authority group that will increase the capacity of the  
9 authorities in the group to provide access to needed services.

10 (d) In developing a plan under Subsection (c), the  
11 commission shall focus on reducing:

12 (1) the cost to local governments of providing  
13 services to persons experiencing a mental health crisis;

14 (2) the transportation of persons served by an  
15 authority in the local mental health authority group to mental  
16 health facilities;

17 (3) the incarceration of persons with mental illness  
18 in county jails that are located in an area served by an authority  
19 in the local mental health authority group; and

20 (4) the number of hospital emergency room visits by  
21 persons with mental illness at hospitals located in an area served  
22 by an authority in the local mental health authority group.

23 (e) In developing a plan under Subsection (c):

24 (1) the commission shall assess the capacity of the  
25 authorities in the local mental health authority group to provide  
26 access to needed services; and

27 (2) the commission and the local mental health

1 authority group shall evaluate:

2 (A) whether and to what degree increasing the  
3 capacity of the authorities in the local mental health authority  
4 group to provide access to needed services would offset the cost to  
5 state or local governmental entities of:

6 (i) the transportation of persons for  
7 mental health services to facilities that are not local providers;

8 (ii) admissions to and inpatient  
9 hospitalizations at state hospitals or other treatment facilities;

10 (iii) the provision of services by hospital  
11 emergency rooms to persons with mental illness who are served by or  
12 reside in an area served by an authority in the local mental health  
13 authority group; and

14 (iv) the incarceration in county jails of  
15 persons with mental illness who are served by or reside in an area  
16 served by an authority in the local mental health authority group;

17 (B) whether available state funds or grant  
18 funding sources could be used to fund the plan; and

19 (C) what measures would be necessary to ensure  
20 that the plan aligns with the statewide behavioral health strategic  
21 plan and the comprehensive inpatient mental health plan.

22 (f) In each mental health services development plan  
23 produced under this section, the commission, in collaboration with  
24 the local mental health authority group, shall determine a method  
25 of increasing the capacity of the authorities in the local mental  
26 health authority group to provide access to needed services.

27 (g) The commission shall compile and evaluate each mental

1 health services development plan produced under this section and  
2 determine:

3 (1) the cost-effectiveness of each plan; and

4 (2) how each plan would improve the delivery of mental  
5 health treatment and care to residents in the service areas of the  
6 authorities in the local mental health authority group.

7 (h) Not later than December 1, 2020, the commission, using  
8 existing resources, shall produce and publish on its Internet  
9 website a report containing:

10 (1) the commission's evaluation of each plan under  
11 Subsection (g);

12 (2) each mental health services development plan  
13 evaluated by the commission under Subsection (g); and

14 (3) a comprehensive statewide analysis of mental  
15 health services in counties with a population of 250,000 or less,  
16 including recommendations to the legislature for implementing the  
17 plans developed under this section.

18 (i) The commission and the authorities in each local mental  
19 health authority group may implement a mental health services  
20 development plan evaluated by the commission under this section if  
21 the commission and the local mental health authority group to which  
22 the plan applies identify a method of funding that implementation.

23 (j) This section expires September 1, 2021.

24 Sec. 531.02253. COMPREHENSIVE WORKFORCE PLAN FOR MENTAL  
25 HEALTH AND SUBSTANCE USE. (a) The statewide behavioral health  
26 coordinating council, under the direction of the commission, shall  
27 develop and the commission shall implement a comprehensive plan to

1 increase and improve the workforce in this state to serve persons  
2 with mental health and substance use issues. In developing the  
3 plan, the council shall analyze and consider available studies,  
4 reports, and recommendations regarding that segment of the  
5 workforce in this state or elsewhere.

6 (b) The plan must include:

7 (1) a strategy and timeline for implementing the plan,  
8 including short-term, medium-term, and long-term goals;

9 (2) a system for monitoring the implementation of the  
10 plan; and

11 (3) a method for evaluating the outcomes of the plan.

12 SECTION 2. Not later than September 1, 2020, the statewide  
13 behavioral health coordinating council shall develop and the Health  
14 and Human Services Commission shall begin implementing the plan  
15 required under Section 531.02253, Government Code, as added by this  
16 Act.

17 SECTION 3. The statewide behavioral health coordinating  
18 council and the Health and Human Services Commission are required  
19 to implement a provision of this Act only if the legislature  
20 appropriates money specifically for that purpose. If the  
21 legislature does not appropriate money specifically for that  
22 purpose, the council and the commission may, but are not required  
23 to, implement the provision using other appropriations made to the  
24 commission that are available for that purpose.

25 SECTION 4. This Act takes effect September 1, 2019.

# ADOPTED

FLOOR AMENDMENT NO. 1

MAY 22 2019

*Leta Spaw*  
Secretary of the Senate

BY:

*Lucio*

1 Amend C.S.H.B. No. 1669 (senate committee report) by adding  
2 the following appropriately numbered SECTIONS to the bill and  
3 renumbering subsequent SECTIONS of the bill accordingly:

4 SECTION \_\_. Subchapter A, Chapter 555, Health and Safety  
5 Code, is amended by adding Section 555.004 to read as follows:

6 Sec. 555.004. ADDITIONAL METHODS TO PROTECT RIGHTS OF CENTER  
7 RESIDENTS AND CLIENTS. In addition to other methods required by  
8 law, rule, or policy to protect the rights of residents and  
9 clients in centers, the executive commissioner shall:

10 (1) develop formal methods to more fully educate  
11 executives, administrators, supervisors, and direct care employees  
12 of centers and residents, clients, and guardians on:

13 (A) the rights of residents and clients;

14 (B) the health and medical obligations and  
15 responsibilities and the legal obligations and responsibilities  
16 toward residents and clients of executives, administrators, and  
17 direct care employees of centers;

18 (C) the categories and types of specific needs and  
19 complex behavioral challenges of various populations of residents  
20 and clients that may require additional attention and specialized  
21 training, including:

22 (i) alleged criminal offenders, including  
23 sexual offenders;

24 (ii) residents and clients living with  
25 dementia;

26 (iii) aging or geriatric residents and  
27 clients; and

28 (iv) adolescent residents and clients;

29 (D) the circumstances under which a resident's or

1 client's rights may be restricted, the circumstances under which  
2 a resident's or client's rights may not be restricted, and the  
3 processes and procedures that must be followed to restrict a right;  
4 and

5 (E) the manner in which a person may file a  
6 complaint; and

7 (2) specify processes and procedures, including the use  
8 of flowcharts, that centers and direct care employees must use and  
9 the specialized training direct care employees must receive to  
10 ensure that centers comply fully with laws, rules, and policies  
11 relating to:

12 (A) the rights of residents and clients;

13 (B) the circumstances under which a resident's or  
14 client's rights may be restricted, the circumstances under which  
15 a resident's or client's rights may not be restricted, and the  
16 processes and procedures that must be followed to restrict a right;

17 (C) the categories and types of specific needs and  
18 complex behavioral challenges of various populations of residents  
19 and clients that may require additional attention and specialized  
20 training, including:

21 (i) alleged criminal offenders, including  
22 sexual offenders;

23 (ii) residents and clients living with  
24 dementia;

25 (iii) aging or geriatric residents and  
26 clients; and

27 (iv) adolescent residents and clients; and

28 (D) the manner in which a person may file a  
29 complaint.

30 SECTION \_\_. Section 555.024, Health and Safety Code, is  
31 amended by adding Subsections (d-1) and (f) to read as follows:

1        (d-1) In addition to the training provided to direct care  
2 employees under Subsections (a), (c), and (d), each center shall  
3 develop and implement additional initial and refresher specialized  
4 training for all executives, administrators, supervisors, and  
5 direct care employees to support populations of residents and  
6 clients that may require additional attention and specialized  
7 training, including:

8            (1) alleged criminal offenders, including sexual  
9 offenders;

10           (2) residents and clients living with dementia;

11           (3) aging or geriatric residents and clients; and

12           (4) adolescent residents and clients.

13        (f) The executive commissioner by rule shall develop  
14 standards for the training provided to executives, administrators,  
15 supervisors, and direct care employees under this section,  
16 including the length of the training and the manner in which the  
17 training is provided. In developing standards relating to the  
18 manner in which training is provided, the executive commissioner  
19 shall ensure that the training is competency-based and, to the  
20 extent possible, provided in an interactive manner such as on a  
21 one-on-one basis, by a group discussion, or by a demonstration.

22        SECTION \_\_. The executive commissioner of the Health and  
23 Human Services Commission shall comply with Section 555.004,  
24 Health and Safety Code, as added by this Act, as soon as possible  
25 after the effective date of this Act.

26        SECTION \_\_. (a) Not later than January 1, 2020, each state  
27 supported living center shall develop and implement the additional  
28 training required by Section 555.024(d-1), Health and Safety Code,  
29 as added by this Act. Each state supported living center shall  
30 ensure that each direct care employee receives the additional  
31 training, regardless of when the employee was hired, not later

1 than September 1, 2020.

2 (b) Not later than January 1, 2020, the executive  
3 commissioner of the Health and Human Services Commission shall  
4 develop the training standards required by Section 555.024(f),  
5 Health and Safety Code, as added by this Act. The executive  
6 commissioner shall ensure that each state supported living center  
7 implements the training standards as soon as possible.

FLOOR AMENDMENT NO. 2

**ADOPTED**

MAY 22 2019

BY:

1 Amend C.S.H.B. No. 1669 (senate committee printing) by adding  
2 the following appropriately numbered SECTIONS to the bill and  
3 renumbering the SECTIONS of the bill accordingly:

4 SECTION \_\_. Chapter 12, Health and Safety Code, is amended by  
5 adding Subchapter K to read as follows:

6 SUBCHAPTER K. PUBLIC HEALTH LABORATORY CAPABILITIES IN CERTAIN  
7 COUNTIES

8 Sec. 12.151. PUBLIC HEALTH LABORATORY REPORT. (a) Not later  
9 than September 1, 2020, the department shall prepare and submit a  
10 written or electronic report to the legislature on public  
11 laboratories in this state's counties that are adjacent to an  
12 international border. The report must include:

13 (1) information on the existing testing capabilities of  
14 the public laboratories, focusing on clinical, environmental, and  
15 zoonotic testing capabilities; and

16 (2) recommendations to increase the efficiency,  
17 effectiveness, and productivity of the public laboratories through  
18 administrative action and legislation.

19 (b) The department shall collaborate with local health  
20 departments established under Subchapter D, Chapter 121, and  
21 public and private testing laboratories to collect information and  
22 develop recommendations for the report described by Subsection  
23 (a).

24 (c) This section expires September 1, 2021.

25 Sec. 12.152. LOCAL AGREEMENTS. Using available resources and  
26 as determined appropriate by the department, the department shall  
27 enter into agreements with institutions of higher education as  
28 defined by Section 61.003, Education Code, and public and private  
29 testing laboratories in this state to increase the availability of

1 public health laboratory services for local health departments  
2 established under Subchapter D, Chapter 121, in counties adjacent  
3 to an international border. The agreements must establish  
4 protocols that:

5 (1) ensure confidentiality of the laboratory testing;

6 (2) require the testing procedures to satisfy state  
7 standards for laboratory testing;

8 (3) provide cost-effective resources to the local health  
9 departments to increase the availability of laboratory testing in  
10 the border counties;

11 (4) enhance the laboratory testing capacity, including  
12 testing of human and nonhuman specimens, in the border counties;  
13 and

14 (5) ensure the efficiency, effectiveness, and accuracy  
15 of laboratory test results.

16 Sec. 12.153. YEAR-ROUND ACCESS TO LABORATORY TESTING FOR  
17 VECTOR-BORNE INFECTIOUS DISEASES. Using available resources and as  
18 determined appropriate by the department, the department shall  
19 support access to year-round laboratory testing for vector-borne  
20 infectious diseases to record and address local outbreaks of  
21 vector-borne infectious diseases in the counties of this state  
22 that are most at risk for the year-round outbreaks, including  
23 Maverick, Val Verde, Webb, Zapata, Starr, Hidalgo, Willacy, and  
24 Cameron Counties. The department may make the access directly  
25 available or through a local agreement entered into under Section  
26 12.152. The testing may include, as appropriate:

27 (1) arboviral testing;

28 (2) speciation testing;

29 (3) PCR testing;

30 (4) IgM testing;

31 (5) IgG testing; and

1           (6) any other testing the department determines  
2 appropriate.

3           SECTION \_\_. Subtitle C, Title 2, Health and Safety Code, is  
4 amended by adding Chapter 65 to read as follows:

5           CHAPTER 65. BORDER PUBLIC HEALTH INITIATIVE

6           Sec. 65.0001. DEFINITIONS. In this chapter:

7           (1) "Border county" means a county adjacent to this  
8 state's international border with Mexico.

9           (2) "Promotora" or "community health worker" has the  
10 meaning assigned by Section 48.001.

11           Sec. 65.0002. BORDER PUBLIC HEALTH INITIATIVE. (a) The  
12 department shall develop an initiative to reduce the adverse health  
13 impacts of diabetes, hypertension, and obesity for adults and  
14 children in border counties. The initiative must promote:

15           (1) educational resources designed to prevent those  
16 conditions;

17           (2) screenings of persons at risk for those conditions;  
18 and

19           (3) referrals to and treatment by health care providers  
20 for those conditions.

21           (b) In developing the border public health initiative, the  
22 department may consult and collaborate with:

23           (1) other health and human services agencies;

24           (2) other appropriate state or federal agencies;

25           (3) health science centers and medical schools; and

26           (4) public and private health care providers and  
27 hospitals.

28           Sec. 65.0003. OUTREACH CAMPAIGNS. To implement the border  
29 public health initiative described by Section 65.0002, the  
30 department shall conduct bilingual, culturally appropriate

1 outreach campaigns in consultation and collaboration with  
2 appropriate individuals and entities that may include:

- 3 (1) promotoras and community health workers;
- 4 (2) academic centers located in border counties;
- 5 (3) nonprofit organizations;
- 6 (4) public schools;
- 7 (5) public and private health care providers and  
8 hospitals;
- 9 (6) worksite wellness programs;
- 10 (7) local business and health care providers that  
11 provide early detection of prediabetes, prehypertension, and  
12 obesity; and
- 13 (8) other local entities, as the department determines  
14 appropriate.

15 Sec. 65.0004. REPORT. Not later than January 1, 2023, the  
16 department shall prepare and electronically submit to the  
17 lieutenant governor, the speaker of the house of representatives,  
18 and the legislature a report describing:

19 (1) health outcomes and health care savings resulting  
20 from prevention, screenings, and treatment of chronic diseases  
21 under the border public health initiative; and

22 (2) other relevant findings, as determined by the  
23 department, resulting from the border public health initiative.

24 Sec. 65.0005. EXPIRATION. This chapter expires December 31,  
25 2031.

26 SECTION \_\_. Chapter 81, Health and Safety Code, is amended by  
27 adding Subchapter K to read as follows:

28 SUBCHAPTER K. HEALTH PROFESSIONAL CONTINUING EDUCATION TO  
29 ADDRESS COMMUNICABLE AND OTHER DISEASES IN BORDER COUNTIES

30 Sec. 81.451. DEFINITIONS. In this subchapter:

31 (1) "Community health worker" has the meaning assigned

1 by Section 48.001.

2 (2) "Health professional" means an individual whose:

3 (A) vocation or profession is directly or  
4 indirectly related to the maintenance of the health of another  
5 individual; and

6 (B) duties require a specified amount of formal  
7 education and may require a special examination, certificate or  
8 license, or membership in a regional or national association.

9 (3) "HIV" means human immunodeficiency virus.

10 Sec. 81.452. APPLICABILITY OF SUBCHAPTER. This subchapter  
11 applies only to a county adjacent to the international border with  
12 Mexico.

13 Sec. 81.453. HEALTH PROFESSIONAL CONTINUING EDUCATION.

14 (a) To the extent funds are available, the department, in  
15 collaboration with health authorities, local health departments,  
16 and public health districts, shall provide to community health  
17 workers, health professionals, and applicable employees of a local  
18 health department or public health district continuing education  
19 designed to reduce the incidence of communicable and other diseases  
20 in counties described by Section 81.452.

21 (b) The continuing education described by Subsection (a) may  
22 address:

23 (1) the diagnosis and treatment of communicable and  
24 other diseases, including:

25 (A) tuberculosis, tuberculosis meningitis,  
26 multidrug resistant tuberculosis, and tuberculosis and HIV  
27 coinfections;

28 (B) sexually transmitted diseases and HIV; and

29 (C) liver diseases;

30 (2) methods for increasing pediatric and adult  
31 immunization rates;

1           (3) strategies for improving health care system  
2 operations related to public health, including identifying,  
3 monitoring, tracking, and responding to communicable and other  
4 diseases occurring in the counties described by Section 81.452;  
5 and

6           (4) any other matter that the department determines  
7 will assist health professionals, local health departments, and  
8 public health districts with addressing public health challenges  
9 existing in those counties.

10          (c) The department shall identify and assess the  
11 accessibility of continuing education resources and programs for  
12 local health departments in counties described by Section 81.452  
13 that may provide the continuing education described by this  
14 section.

15          Sec. 81.454. FUNDING. (a) The department may solicit or  
16 accept gifts, grants, or donations to fund health professional  
17 continuing education under this subchapter.

18          (b) The department shall collaborate with state and federal  
19 agencies, nonprofit organizations, public and private hospitals,  
20 institutions of higher education, and the private sector to  
21 identify, apply for, and solicit sources of funding for health  
22 professional continuing education under this subchapter.

23          SECTION \_\_. Subtitle D, Title 2, Health and Safety Code, is  
24 amended by adding Chapter 90 to read as follows:

25          CHAPTER 90. DEMONSTRATION PROGRAMS ADDRESSING CHILDHOOD OBESITY  
26                 AND CHRONIC DISEASE IN CERTAIN BORDER COUNTIES

27          Sec. 90.0001. DEFINITION. In this chapter, "border county"  
28 means a county adjacent to this state's international border with  
29 Mexico.

30          Sec. 90.0002. ESTABLISHMENT. The department shall establish  
31 the childhood obesity prevention demonstration program and the

1 chronic disease prevention demonstration program under this  
2 chapter in counties that:

3 (1) are adjacent to the international border with  
4 Mexico; and

5 (2) have a population of less than 800,000 and more than  
6 400,000.

7 Sec. 90.0003. CHILDHOOD OBESITY PREVENTION DEMONSTRATION  
8 PROGRAM. (a) To the extent funds are available, the department  
9 shall develop and implement a school-based demonstration program  
10 to address childhood obesity and related chronic diseases in each  
11 county to which this chapter applies.

12 (b) The demonstration program must be evidence-based and  
13 culturally appropriate.

14 (c) In developing the childhood obesity prevention  
15 demonstration program under Subsection (a), the department shall  
16 prioritize appropriate collaborations with:

17 (1) medical professionals specializing in obesity  
18 prevention;

19 (2) experts in public health;

20 (3) representatives of health science centers;

21 (4) experts in public and higher education;

22 (5) representatives of local school health advisory  
23 councils;

24 (6) interested parties from the counties participating  
25 in the program;

26 (7) a representative from the Texas Education Agency;

27 (8) a representative from the Texas Higher Education  
28 Coordinating Board; and

29 (9) representatives from other appropriate state  
30 agencies.

1       Sec. 90.0004. CHRONIC DISEASE PREVENTION DEMONSTRATION  
2 PROGRAM. (a) To the extent funds are available, the department  
3 shall establish a chronic disease prevention demonstration program  
4 for adults residing in each county to which this chapter applies.

5       (b) In establishing the chronic disease prevention  
6 demonstration program under Subsection (a), the department shall  
7 prioritize appropriate collaboration with:

8           (1) medical professionals specializing in chronic  
9 disease treatment;

10          (2) representatives from hospitals licensed under  
11 Chapter 241;

12          (3) representatives from academic centers located in  
13 border counties; and

14          (4) a representative from a medical school in the  
15 immediate border region.

16       Sec. 90.0005. RECOMMENDATIONS FOR SCHOOLS AND OTHER ENTITIES.  
17 The department, based on the results of the demonstration programs  
18 established under this chapter, shall share the strategies, best  
19 practices, and recommendations the department determines are  
20 successful in addressing childhood obesity and chronic disease  
21 prevention with public schools and other appropriate entities in  
22 each county to which this chapter applies.

23       Sec. 90.0006. EVALUATION. The department shall evaluate the  
24 effectiveness of the demonstration programs established under this  
25 chapter not later than September 1, 2029.

26       Sec. 90.0007. REPORT. Not later than November 1, 2029, the  
27 department shall submit a written or electronic report on the  
28 demonstration programs established under this chapter to the  
29 lieutenant governor, the speaker of the house of representatives,  
30 and each member of the legislature. The report must include:

31           (1) a summary of the programs;

1           (2) an evaluation of the effectiveness of the programs;  
2 and  
3           (3) recommendations on whether the programs should be  
4 continued, expanded to other border counties, or terminated.

5           Sec. 90.0008. RULES. The executive commissioner shall adopt  
6 rules as necessary to implement this chapter.

7           SECTION \_\_. Subchapter A, Chapter 121, Health and Safety Code,  
8 is amended by adding Section 121.0055 to read as follows:

9           Sec. 121.0055. SANITARIAN RECRUITMENT AND RETENTION PROGRAM  
10 IN BORDER COUNTIES. (a) This section applies only to a local health  
11 unit, local health department, or public health district that is:

12           (1) located in a county along the international border  
13 with Mexico; and

14           (2) affiliated with the department under Section  
15 121.005.

16           (b) To the extent funds are available, the department shall  
17 develop a program under which the department:

18           (1) provides grants to local health units, local health  
19 departments, and public health districts to improve recruitment  
20 and retention of sanitarians registered under Chapter 1953,  
21 Occupations Code; and

22           (2) expands opportunities for training and registration  
23 of sanitarians to improve disease response and prevent foodborne,  
24 waterborne, vector-borne, and zoonotic diseases.

25           (c) The department shall administer the grant program  
26 described by Subsection (b) in coordination with local health  
27 units, local health departments, public health districts, and  
28 appropriate state agencies, federal agencies, nonprofit  
29 organizations, public and private hospitals, institutions of  
30 higher education, and other private entities.

1       (d) The department may provide a grant under Subsection (b)  
2 only in accordance with a contract between the department and the  
3 recipient. The contract must include provisions under which the  
4 department is granted sufficient control to ensure the public  
5 purpose of improved public health is accomplished and the state  
6 receives the return benefit.

7       (e) The department may solicit and accept gifts, grants, and  
8 donations to operate the program established under this section.  
9 The department shall coordinate with appropriate state agencies,  
10 federal agencies, nonprofit organizations, public and private  
11 hospitals, institutions of higher education, and other private  
12 entities in identifying and soliciting funding to implement this  
13 section.

14       SECTION \_\_. Chapter 161, Health and Safety Code, is amended  
15 by adding Subchapter X to read as follows:

16           SUBCHAPTER X. BORDER PUBLIC HEALTH RESPONSE TEAM

17       Sec. 161.701. DEFINITIONS. In this subchapter:

18           (1) "Border county" means a county adjacent to the  
19 international border with Mexico.

20           (2) "Disaster" has the meaning assigned by Section  
21 418.004, Government Code. The term includes a state of disaster  
22 declared by:

23                   (A) the president of the United States under the  
24 Robert T. Stafford Disaster Relief and Emergency Assistance Act  
25 (42 U.S.C. Section 5121 et seq.);

26                   (B) the governor under Section 418.014, Government  
27 Code; or

28                   (C) the presiding officer of the governing body of  
29 a political subdivision under Section 418.108, Government Code.

30           (3) "Response team" means the border public health  
31 response team established under Section 161.702.

1           (4) "Sanitarian" has the meaning assigned by Section  
2 1953.001, Occupations Code.

3           Sec. 161.702. BORDER PUBLIC HEALTH RESPONSE TEAM. The  
4 department shall establish a border public health response team to  
5 deploy in response to public health threats declared by the  
6 commissioner and declared disasters in border counties.

7           Sec. 161.703. COMPOSITION OF RESPONSE TEAM. The response team  
8 may be composed of the following members appointed by the  
9 commissioner:

10           (1) an epidemiologist;

11           (2) a sanitarian;

12           (3) a nurse;

13           (4) a public health specialist; and

14           (5) any other person the commissioner considers  
15 appropriate.

16           Sec. 161.704. DEPARTMENT DUTIES. (a) The department, in  
17 consultation with the response team, shall, as necessary, enter  
18 into memoranda of understanding with other state agencies to  
19 develop policies, plans, and procedures to facilitate an effective  
20 response to a declared public health threat or disaster.

21           (b) The department shall provide, or contract to provide,  
22 training, equipment, and support staff to the response team to  
23 enhance the team's response efforts, as appropriate.

24           Sec. 161.705. RESPONSE TEAM DUTIES. During a declared public  
25 health threat or disaster in a border county, the response team  
26 shall, as appropriate:

27           (1) assess health infrastructure and response  
28 capabilities for the threat or disaster in a border county;

29           (2) develop appropriate responses for the threat or  
30 disaster in a border county; and

1           (3) address language, cultural, and environmental  
2 factors that are unique to responding to the threat or disaster in  
3 a border county.

4           Sec. 161.706. FUNDING. (a) The department shall coordinate  
5 with the commission, the office of the governor, the federal  
6 government, and any other appropriate entity for funding to support  
7 the response team's activities.

8           (b) The department may accept on behalf of the response team  
9 a gift, grant, or donation from any source to carry out the  
10 purposes of this subchapter.

11           SECTION \_\_. Not later than December 1, 2019, the Department  
12 of State Health Services shall establish the border public health  
13 response team as required by Subchapter X, Chapter 161, Health and  
14 Safety Code, as added by this Act.

15           SECTION \_\_. The Department of State Health Services is  
16 required to implement a provision of this Act only if the  
17 legislature appropriates money specifically for that purpose. If  
18 the legislature does not appropriate money specifically for that  
19 purpose, the department may, but is not required to, implement a  
20 provision of this Act using other appropriations available for  
21 that purpose.

**LEGISLATIVE BUDGET BOARD  
Austin, Texas**

**FISCAL NOTE, 86TH LEGISLATIVE REGULAR SESSION**

**May 23, 2019**

**TO:** Honorable Dennis Bonnen, Speaker of the House, House of Representatives

**FROM:** John McGeady, Assistant Director    Sarah Keyton, Assistant Director  
Legislative Budget Board

**IN RE: HB1669** by Lucio III (Relating to increasing and improving the mental health and substance use disorder workforce in this state and increasing the capacity of local mental health authorities to provide access to mental health services in certain counties.), **As Passed 2nd House**

**Estimated Two-year Net Impact to General Revenue Related Funds** for HB1669, As Passed 2nd House: a negative impact of (\$4,506,504) through the biennium ending August 31, 2021.

Depending upon the recommendations of the comprehensive plan to increase and improve the workforce in this state that serves individuals with mental health and substance use issues, there may be a further indeterminate negative fiscal impact to the state.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill. The Department of State Health Services and Health and Human Services Commission is required to implement a provision of this Act only if the legislature appropriates money specifically for that purpose. If the legislature does not appropriate money specifically for that purpose, the agencies may, but are not required to, implement a provision of this Act using other appropriations available for that purpose.

**General Revenue-Related Funds, Five-Year Impact:**

<b>Fiscal Year</b>	<b>Probable Net Positive/(Negative) Impact to General Revenue Related Funds</b>
2020	(\$2,212,846)
2021	(\$2,293,658)
2022	(\$1,982,539)
2023	(\$1,982,539)
2024	(\$1,982,539)

**All Funds, Five-Year Impact:**

<b>Fiscal Year</b>	<b>Probable Savings/(Cost) from General Revenue Fund 1</b>	<b>Probable Savings/(Cost) from HIV REBATES ACCOUNT NO. 8149 8149</b>	<b>Probable Savings/(Cost) from Federal Funds 555</b>	<b>Change in Number of State Employees from FY 2019</b>
2020	(\$2,212,846)	(\$55,079)	(\$29,861)	10.3
2021	(\$2,293,658)	(\$58,190)	(\$29,861)	10.3
2022	(\$1,982,539)	(\$58,190)	\$0	7.0
2023	(\$1,982,539)	(\$58,190)	\$0	7.0
2024	(\$1,982,539)	(\$58,190)	\$0	7.0

**Fiscal Analysis**

The bill would require the Health and Human Services Commission (HHSC) to assign local mental health authorities (LMHAs) that are located in or serve a county with a population of 250,000 or less into regional groups no later than January 1, 2020. The bill would require HHSC to develop a mental health services development plan for each regional group that will increase the capacity of the LMHAs in the group. The bill would require HHSC to publish each plan, an evaluation of each plan, and a comprehensive statewide analysis of mental health services in counties with a population of 250,000 or less, on its website no later than December 1, 2020. The section of the bill requiring these plans expires September 1, 2021. The bill would require HHSC to develop and implement a comprehensive plan to increase and improve the workforce in this state that serves individuals with mental health and substance use issues.

The bill would require the executive commissioner of HHSC to develop more fully educate related staff, residents, clients and guardians on certain information and specify processes and procedures related to state supported living centers. The executive commissioner would also be required to develop standards for related staff that is competency-based and in an interactive manner.

The bill would amend the Health and Safety Code to require the Department of State Health Services (DSHS) to prepare and submit a report to the legislature on public laboratories in counties that are adjacent to an international border by September 1, 2020. The bill would require DSHS to collaborate with local health departments and public and private laboratories to collect information and develop recommendations for the report. The bill would require DSHS, using available resources as determined by DSHS, to 1) enter into local agreements with institutions of higher education and public and private testing laboratories to increase the availability of public health laboratory services for local health departments and 2) provide year-round laboratory support access for vector-borne infectious diseases in certain counties that are most at risk for year-round outbreaks.

The bill would amend the Health and Safety Code to require DSHS to develop an initiative to reduce the adverse health impacts of diabetes, hypertension, and obesity for adults and children in border counties. The bill would allow DSHS to consult and collaborate with other health and human services agencies; other appropriate state and federal agencies; health science centers and medical schools; and public and private health care providers and hospitals. The bill would also require DSHS to conduct bilingual, culturally appropriate outreach campaigns in consultation and collaboration with appropriate individuals and entities. The bill would require DSHS to prepare and submit a report to the lieutenant governor, the speaker, and the legislature describing health outcomes and health care saving from the border public health initiative, and other relevant findings by January 1, 2023.

The bill would amend the Health and Safety Code to require DSHS, to the extent funding is available, to collaborate with health authorities, local health departments, and public health districts to provide continuing education designed to reduce the incidence of communicable and other diseases to community health workers, health professionals, and applicable employees in counties along the international border with Mexico. The bill would require DSHS to identify and assess the accessibility of continuing education resources and programs for applicable counties. The bill would allow DSHS to solicit or accept gifts, grants, and donations for health professional continuing education. The bill would also require DSHS to collaborate with appropriate entities to identify, apply for, and solicit funding.

The bill would amend the Health and Safety Code to require DSHS to establish the childhood obesity prevention demonstration program and the chronic disease prevention demonstration program in counties that are adjacent to an international border and have a population between 400,000 and 800,000. The bill would require DSHS, to the extent that funding is available, 1) to develop and implement a school-based demonstration program to address childhood obesity and related chronic diseases; 2) establish a chronic disease prevention demonstration program for adults; and 3) share the strategies, best practices, and recommendations DSHS determined to be successful in addressing childhood obesity and chronic disease prevention with public schools and other appropriate entities. The bill would require DSHS to evaluate the effectiveness of the demonstration programs by September 1, 2029. The bill would also require DSHS to submit a report on the demonstration programs to the lieutenant governor, the speaker, and each member of the legislature before November 1, 2029. The bill would require the executive commissioner of HHSC to adopt rules as necessary to implement the demonstration programs.

The bill would amend the Health and Safety Code to require DSHS, to the extent funding is available, to develop a program in counties along the international border with Mexico that 1) provides grants to local health units, local health departments, or public health districts to improve the recruitment and retention of sanitarians; and 2) expands opportunities for training and registration of sanitarians to improve disease response and prevent foodborne, waterborne, vector-borne, and zoonotic diseases. The bill would allow DSHS to solicit or accept gifts, grants, and donations to operate the program. The bill would also require DSHS to coordinate with appropriate entities to identify and solicit funding to administer the grant program. The bill would allow DSHS to solicit or accept gifts, grants, and donations to operate the program. The bill would also require DSHS to coordinate with appropriate entities to identify and solicit funding to administer the grant program.

The bill would amend the Health and Safety Code to require DSHS to establish a border public health response team to deploy in response to public health threats declared by the commissioner of DSHS and disasters declared in counties adjacent to the international border with Mexico by December 1, 2019. The bill would require DSHS to consult with other state agencies to develop policies, plans, and procedures to facilitate an effective response. The bill would also require DSHS to provide training, equipment, and support staff to the response team. The bill would require DSHS to coordinate with appropriate state and federal entities for funding to support the response team's activities. The bill would also allow DSHS to accept gifts, grants, and donations to carry out the purposes of the response team.

## **Methodology**

Based on the Legislative Budget Board's analysis of the Health and Human Services Commission estimates, it is assumed that costs associated with developing the comprehensive plan to increase and improve workforce in the state could be absorbed using existing resources. There could be an indeterminate fiscal impact to the state to implement the plan depending on the plan's

recommendations to increase and improve the workforce. To develop and publish each mental health services development plan, it is assumed HHSC would need to hire 3.0 Program Specialist VI to assist with developing and analysis of the plans and to assist with data analysis and program oversight. It is also assumed HHSC would need to hire 0.3 Research Specialist V to assist with data analysis and reporting requirements. Costs associated with the additional full-time equivalents (FTEs) would be \$377,990 in fiscal year 2020 and \$387,806 in fiscal year 2021. This analysis assumes the associated costs would expire September 1, 2021.

Based on the Legislative Budget Board's analysis of the Health and Human Services Commission, it is assumed that the provisions of the bill relating to state supported living centers could be absorbed using existing resources.

Under the provisions of the bill, the Department of State Health Services (DSHS) would prepare and submit a report to the legislature about public laboratories in counties that are adjacent to an international border. DSHS assumes they would use existing collaborations with local health departments to gather information required for the report. Under the provisions of the bill, DSHS would enter into an agreement with institutions of higher education and public and private testing laboratories to increase the availability of public health laboratory services for local health departments in counties adjacent to an international border. Currently, only DSHS meets protocols that ensure confidentiality of the laboratory testing and provides laboratory testing for human and nonhuman specimens in the border counties. The costs related to entering into agreements with institutions for higher education, and public and private testing laboratories to enhance laboratory testing capacity, cannot be determined but is assumed to be significant because new agreements would accelerate testing capacity and increase testing volume at an unknown amount. Under the provisions of the bill, DSHS would be required to provide year-round access to laboratory testing for vector-borne diseases in certain counties. Currently, DSHS provides support for arboviral testing of vector-borne infectious diseases for 7 months of the year, from May to November, for 4 border counties. The bill would require expansion of support and testing for 5 additional months and to 8 new counties. According to the agency, additional FTEs including 1.0 Molecular Biologist III to perform testing of mosquito pools and human samples for detection of disease; 1.0 Microbiologist I to assess specimen for proper shipping and receipt according to specimen submission criteria; 1.0 Administrative Assistant III to maintain specimen databases; and 1.0 Epidemiologist II to educate counties about trapping, specimen collection, and analyze testing results would be needed to implement the provisions of the bill. The cost for 4.0 FTEs would be \$197,841 in fiscal year 2020 and \$263,788 in each subsequent fiscal year. An additional \$134,570 in other operating expenses, including rent, travel, and supplies that would be needed in fiscal year 2020 and \$141,376 in each subsequent fiscal year for this purpose. DSHS indicated that additional costs for chemicals and supplies to perform testing would be \$59,960 for each fiscal year.

Currently, DSHS operates the Community and Clinical Health Bridge (CCHB) Initiative program in six counties statewide, including two border counties. The CCHB program includes initiatives to promote 1) educational resources designed to prevent diabetes, hypertension, and obesity for adults and children; 2) screenings for persons at risk for those conditions; and 3) referrals to and treatment by health care providers. Under the provisions of the bill, DSHS would be required to develop an initiative to reduce the adverse health impacts of diabetes, hypertension, and obesity in border counties. DSHS estimates there are four additional border counties with a high obesity prevalence and local health department or public health organization infrastructure support the CCHB program activities. According to the agency, they would contract with the local health department or other organization in the four additional border counties to implement the CCHB program activities at a cost of \$500,000 each fiscal year. DSHS estimates that an additional \$80,000 per year would be required to implement outreach campaigns through the contracts with

the four counties.

Under the provisions of the bill, DSHS would be required to collaborate with health authorities, local health departments, and public health districts to provide continuing education to reduce the incident of communicable and other diseases. According to the agency, an additional \$150,000 would be needed to contract with six city and county public health departments at a cost of \$25,000 each to provide continuing education to counties along the international border with Mexico. Currently, DSHS provides continuing education through webinars, conferences, and online disease prevention modules. However, in counties along the international border with Mexico where there is no local health department, DSHS would assume responsibility for continuing education. This analysis assumes an additional 1.0 FTE to provide program oversight, management of contracts, and provide continuing education would be needed to implement the provisions of the bill. The cost for 1.0 FTE would be \$56,268 in fiscal year 2020 and \$75,024 in each subsequent fiscal year. An additional \$65,006 in other operating expenses, including rent, travel, and supplies that would be needed in fiscal year 2020 and \$61,808 in each subsequent fiscal year for this purpose.

Under the provisions of the bill, DSHS would develop and implement a school-based demonstration program to address childhood obesity and related chronic diseases in Cameron County. DSHS assumes an additional 1.0 FTE and \$25,000 each fiscal year for development training materials to implement this program. The cost for 1.0 FTE would be \$60,185 in fiscal year 2020 and \$80,247 in each subsequent fiscal year. An additional \$97,391 in other operating expenses, including rent, travel, and supplies that would be needed in fiscal year 2020 and \$94,428 in each subsequent fiscal year for this purpose. Under the provisions of the bill, DSHS would establish a chronic disease prevention demonstration program for adults. DSHS assumes they would contract with the local health department or other health organization in Cameron County at a cost of \$250,000 each fiscal year to implement the program. Under the provisions of the bill, DSHS would share the strategies, best practices, and recommendations DSHS determined to be successful in addressing childhood obesity and chronic disease prevention with public schools and other appropriate entities. DSHS assumes they would contract with a university or other organization in Cameron County at a cost of \$50,000 each fiscal year to evaluate the effectiveness of the demonstration programs.

Under the provisions of the bill, DSHS would be required to coordinate with health authorities, local health departments, and public health districts to administer the grant program to improve the recruitment and retention of sanitarians and expand training opportunities. According to the agency, an additional \$60,000 would be needed to award six contracts to local health units, local health departments, or public health districts at a cost of \$10,000 each to provide continuing education and expand training to counties along the international border with Mexico. This analysis assumes an additional 1.0 FTE to provide grant management and oversight to grantees; coordinate technical support to local jurisdictions on training needs; and manage continuing education training support would be needed to implement the provisions of the bill. The cost for 1.0 FTE would be \$56,268 in fiscal year 2020 and \$75,024 in each subsequent fiscal year. An additional \$52,839 in other operating expenses, including rent, travel, and supplies that would be needed in fiscal year 2020 and \$49,636 in each subsequent fiscal year for this purpose.

This analysis assumes the provisions of the bill related to the establishment of a border public health response team can be implemented using existing resources.

The estimated total to comply with the provisions of the bill would be \$2.3 million in fiscal year 2020 and fiscal year 2021 and \$2.0 million in each subsequent fiscal year.

## **Technology**

Technology costs are estimated to be \$28,861 in the first year for Data Center Services (DCS), hardware, and software and \$28,826 in each subsequent fiscal year for the same purposes.

## **Local Government Impact**

The fiscal implications of the bill cannot be determined at this time.

## **Source Agencies:**

**LBB Staff:** WP, AKi

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 86TH LEGISLATIVE REGULAR SESSION**

**May 18, 2019**

**TO:** Honorable Lois W. Kolkhorst, Chair, Senate Committee on Health & Human Services

**FROM:** John McGeady, Assistant Director    Sarah Keyton, Assistant Director  
Legislative Budget Board

**IN RE: HB1669** by Lucio III (Relating to increasing and improving the mental health and substance use disorder workforce in this state and increasing the capacity of local mental health authorities to provide access to mental health services in certain counties.),  
**Committee Report 2nd House, Substituted**

Depending upon the recommendations of the comprehensive plan to increase and improve the workforce in this state that serves individuals with mental health and substance use issues, there may be an indeterminate negative fiscal impact to the state.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill. The Health and Human Services Commission is required to implement a provision of this Act only if the legislature appropriates money specifically for that purpose. If the legislature does not appropriate money specifically for that purpose, the commission may, but is not required to, implement a provision of this Act using other appropriations available for that purpose.

The bill would require the Health and Human Services Commission (HHSC) to assign local mental health authorities (LMHAs) that are located in or serve a county with a population of 250,000 or less into regional groups no later than January 1, 2020. The bill would require HHSC to develop a mental health services development plan for each regional group that will increase the capacity of the LMHAs in the group. The bill would require HHSC to publish each plan, an evaluation of each plan, and a comprehensive statewide analysis of mental health services in counties with a population of 250,000 or less, on its website no later than December 1, 2020. The section of the bill requiring these plans expires September 1, 2021. The bill would require the Health and Human Services Commission to develop and implement a comprehensive plan to increase and improve the workforce in this state that serves individuals with mental health and substance use issues. The bill would take effect September 1, 2019.

Based on the Legislative Budget Board's analysis of the Health and Human Services Commission, it is assumed that costs associated with developing the comprehensive plan to increase and improve workforce in the state could be absorbed using existing resources. There could be an indeterminate fiscal impact to the state to implement the plan depending on the plan's recommendations to increase and improve the workforce.

To develop and publish each mental health services development plan, it is assumed HHSC would need to hire 3.0 Program Specialist VI to assist with developing and analysis of the plans and to assist with data analysis and program oversight. It is also assumed HHSC would need to hire 0.3

Research Specialist V to assist with data analysis and reporting requirements. Costs associated with the additional FTEs would be \$377,990 in fiscal year 2020 and \$387,806 in fiscal year 2021. This analysis assumes the associated costs would expire September 1, 2021.

**Local Government Impact**

The fiscal implications of the bill cannot be determined at this time

**Source Agencies:**

**LBB Staff:** WP, AKi, EP, SB

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 86TH LEGISLATIVE REGULAR SESSION**

**May 7, 2019**

**TO:** Honorable Lois W. Kolkhorst, Chair, Senate Committee on Health & Human Services

**FROM:** John McGeady, Assistant Director    Sarah Keyton, Assistant Director  
Legislative Budget Board

**IN RE: HB1669** by Lucio III (Relating to a comprehensive plan for increasing and improving the workforce in this state that serves persons with mental health and substance use issues.),  
**As Engrossed**

Depending upon the recommendations of the comprehensive plan to increase and improve the workforce in this state that serves individuals with mental health and substance use issues, there may be an indeterminate negative fiscal impact to the state.

The bill would amend Chapter 531 of the Government Code to require the Health and Human Services Commission to develop and implement a comprehensive plan to increase and improve the workforce in this state that serves individuals with mental health and substance use issues. The bill would take effect September 1, 2019.

Based on the Legislative Budget Board's analysis of the Health and Human Services Commission, it is assumed that costs associated with developing the comprehensive plan could be absorbed using existing resources. There could be an indeterminate fiscal impact to the state to implement the plan depending on the plan's recommendations to increase and improve the workforce.

**Local Government Impact**

The fiscal implications of the bill cannot be determined at this time

**Source Agencies:** 529 Health and Human Services Commission

**LBB Staff:** WP, AKi, EP, SB

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 86TH LEGISLATIVE REGULAR SESSION**

**April 9, 2019**

**TO:** Honorable Senfronia Thompson, Chair, House Committee on Public Health

**FROM:** John McGeady, Assistant Director    Sarah Keyton, Assistant Director  
Legislative Budget Board

**IN RE: HB1669** by Lucio III (Relating to a comprehensive plan for increasing and improving the workforce in this state that serves persons with mental health and substance use issues.),  
**As Introduced**

Depending upon the recommendations of the comprehensive plan to increase and improve the workforce in this state that serves individuals with mental health and substance use issues, there may be an indeterminate negative fiscal impact to the state.

The bill would amend Chapter 531 of the Government Code to require the Health and Human Services Commission to develop and implement a comprehensive plan to increase and improve the workforce in this state that serves individuals with mental health and substance use issues. The bill would take effect September 1, 2019.

Based on the Legislative Budget Board's analysis of the Health and Human Services Commission, it is assumed that costs associated with developing the comprehensive plan could be absorbed using existing resources. There could be an indeterminate fiscal impact to the state to implement the plan depending on the plan's recommendations to increase and improve the workforce.

**Local Government Impact**

The fiscal implications of the bill cannot be determined at this time

**Source Agencies:** 529 Health and Human Services Commission

**LBB Staff:** WP, AKi, EP, SB